



# ***YOUTH WITH DISABILITIES RISK FACTORS FOR INJURY DATA MONOGRAPH***

**Washington State**

**Washington State Department of Health, Office of Maternal and Child Health, June 2007**

## **BACKGROUND:**

In Washington State, an estimated 24% of 10<sup>th</sup> grade youth have a physical, emotional, or learning disability.<sup>1</sup> Research has found that youth with disabilities are more likely than those without disabilities to be at risk for unintentional injuries; have attempted suicide; have witnessed or experienced physical abuse; have experienced sexual abuse; smoke cigarettes, smoke marijuana or drink alcohol; and report a lower quality of life.<sup>i,ii,iii,iv,v,vi</sup> The primary purpose of this data monograph is to present Washington State data on injury-related risk behaviors for youth with disabilities.

## **METHODS:**

### ***Healthy Youth Survey and Youth Disability Screener***

Washington's Healthy Youth Survey (HYS) is a statewide survey of youth attitudes and health behaviors. It is administered every two years in public schools in grades 6,8,10, and 12. Statewide data are generated from a sample of public schools, although any school can participate in the survey. HYS provides important information about adolescents in Washington. County drug and alcohol prevention coordinators, community mobilization coalitions, community public health and safety networks, and others use this information to guide policy and programs that serve youth.

*"Rather than being isolated from behaviors that predispose to health risks youth with emotional disabilities, learning disabilities, and mobility impairments are more likely to have experienced health risks than peers."*

– Blum et al

The Youth Disability Screener used in the Healthy Youth Survey 2004 administration (for grades 8, 10, 12) is a 4-item measure based on self-reported disability status developed by the Seattle Quality of Life Group at the University of Washington.

Youth were classified as having a disability if they answered "Yes" to any of the following questions:

- ◆ Do you have any physical disabilities or long-term health problems lasting or expected to last 6 months or more?
- ◆ Do you have any long-term emotional problems or learning disabilities lasting or expected to last 6 months or more?
- ◆ Would other people consider you to have a disability or long-term health problem including physical health, emotional, or learning problems?
- ◆ Are you limited in any activities because of a disability or long-term health problem including physical health, emotional, or learning problems expected to last 6 months or more?

<sup>1</sup> Source: Washington State 2004 Healthy Youth Survey (HYS). The HYS is a collaborative effort between the Department of Health, the Office of the Superintendent of Public Instruction, the Department of Social and Health Service's Division of Alcohol and Substance Abuse, the Department of Community Trade and Economic Development, and the Governor's Family Policy Council.

**DATA:****Youth with Disabilities:  
Risk Factors for Injury**

In 2004, about 18% ( $\pm 1\%$ ) of 8<sup>th</sup> graders, 24% ( $\pm 2\%$ ) of 10<sup>th</sup> graders, and 23% ( $\pm 1\%$ ) of 12<sup>th</sup> graders were classified using the Youth Disability Screener as having a disability. Results from Grade 10 are presented below.<sup>2</sup>

Compared to 10<sup>th</sup> grade youth without disabilities, Washington 10<sup>th</sup> graders with disabilities are more likely to be bullied, harassed, feel depressed, attempt suicide, never or rarely wear seatbelts, drive after drinking alcohol, fight, and carry weapons at schools. Similar results were found for 8<sup>th</sup> and 12<sup>th</sup> graders.

**Comparison of Youth with Disabilities to Youth Without Disabilities, 10th Grade  
Washington State Healthy Youth Survey Data 2004 (N = 3,799)**

	Disability (n = 891)		No Disability (n = 2,908)	
	%	95% CI	%	95% CI
<b>Harassment, bullying, and fighting at school</b>				
Experienced sexual harassment (ever)*	<b>45</b>	40 , 51	<b>30</b>	28 , 33
Experienced harassment regarding sexual orientation (ever)*	<b>23</b>	20 , 26	<b>9</b>	8 , 11
Experienced harassment regarding race (ever)*	<b>31</b>	28 , 35	<b>19</b>	16 , 21
Experienced harassment regarding disability (ever)*	<b>14</b>	12 , 17	<b>4</b>	3 , 5
Been bullied in past 30 days*	<b>34</b>	30 , 38	<b>19</b>	17 , 21
In at least one physical fight in past 12 months*	<b>38</b>	35 , 42	<b>25</b>	23 , 27
Carried weapon at school in past 30 days*	<b>9</b>	7 , 12	<b>4</b>	3 , 5
<b>Intimate partner violence</b>				
Made to feel unsafe or had limited activities within past year because of boyfriend or girlfriend*	<b>15</b>	12 , 19	<b>7</b>	6 , 8
Hit, slapped, or physically hurt by boyfriend or girlfriend within past year*	<b>14</b>	11 , 17	<b>5</b>	4 , 7
<b>Depression and suicide</b>				
Felt sad or hopeless almost every day in past year*	<b>52</b>	49 , 55	<b>25</b>	2 , 27
Seriously considered suicide in past year*	<b>34</b>	31 , 37	<b>13</b>	12 , 14
Made a suicide plan in past year*	<b>27</b>	24 , 31	<b>10</b>	9 , 11
Attempted suicide in past year*	<b>20</b>	17 , 22	<b>6</b>	5 , 6
<b>DUI and seatbelt use</b>				
Use seatbelt (never, rarely or sometimes)*	<b>10</b>	8 , 13	<b>6</b>	5 , 7
Rode with driver in past 30 days who had been drinking alcohol *	<b>30</b>	27 , 33	<b>22</b>	20 , 25
Drove in past 30 days after drinking alcohol *	<b>9</b>	7 , 11	<b>6</b>	5 , 7
<b>Bike helmet and life vest</b>				
Use bike helmet (never, rarely, or sometimes )	<b>79</b>	76 , 83	<b>77</b>	73 , 81
Use life vest in small boat (never or less than half the time)*	<b>39</b>	36 , 43	<b>34</b>	32 , 37

*Source: Health Youth Survey 2004*

*\*Statistically different ( $p \leq 0.05$ ) based on chi-square test*

<sup>2</sup> Because results for 8<sup>th</sup> grade students may be affected by variations in school environment (8<sup>th</sup> graders can be in a middle school or junior high) and the potential for high risk students to have dropped out before entering 12<sup>th</sup> grade we chose to limit the results presented here to 10<sup>th</sup> grade students

## ACTIVITIES:

### *Youth Programs*

By understanding the unique needs of youth with special needs and disabilities, injury prevention planning can identify resources and educational approaches that are accessible, culturally and developmentally appropriate, and family-centered. Family-centered approaches recognize the unique partnership roles that youth, parents, and professionals play in improving outcomes for youth with disabilities.

There are no direct activities sponsored by the Department of Health (DOH) that specifically target injury prevention in youth with disabilities. However, some programs that address youth development or injury prevention in youth include:

- ◆ **Youth Suicide Prevention Program:** The DOH Injury and Violence Prevention Program manages state and federal funding for youth suicide prevention efforts statewide. Activities are carried out through state and community partners to raise awareness of the problem, identify and intervene with suicidal youth when signs first appear, and to mobilize communities to prevent suicidal behavior before it begins. Training professionals and lay persons is also a critical component of this prevention effort.
- ◆ **Choose Respect Initiative:** This national initiative launched by the Centers for Disease Control and Prevention targets youth ages 11-14 years and includes a set of tools and resources that support and enhance existing programs that serve and advocate for youth. The initiative helps youth form healthy, respectful relationships and learn about positive relationship behaviors. The Family Violence Prevention Workgroup at the DOH provides materials to programs and promotes awareness of the initiative through presentations to community groups such as Boys & Girls Club, Educational Service Districts, and Campfire. DOH is currently recruiting local partners to use the tools in their programs and work with DOH to promote awareness of the initiative. More information is available at: [www.chooserespect.org/scripts/](http://www.chooserespect.org/scripts/)
- ◆ **Adolescent Health Transition Project:** The Children with Special Health Care Needs (CSHCN) Program at DOH contracts with the University of Washington Center for Human Development and Disability and the Adolescent Health Transition Project (AHTP) to provide education and information through a variety of media and forums on health and life transitions for youth with special needs. The focus is on assisting parents, youth, and medical providers with the tools and resources needed to provide comprehensive care to youth with special needs.
- ◆ **Parent to Parent:** The CSHCN Program contracts with and supports a number of organizations that provide information and support to families of children and youth with special health care needs. Parent to Parent services includes Person Centered Planning for youth with disabilities to assist them to transition to school and adulthood, as well as referrals to many other programs and services.
- ◆ **Safe Kids:** Safe Kids Washington collaborates with local safe kids Coalitions and the extensive network of organizations that promote

increased awareness, knowledge and skills about injury prevention. State and local coalitions work with partners to promote safe lifestyle choices and behaviors; they develop and promote model policies, laws and regulations supporting injury prevention, and establish and maintain a physical environment supporting injury prevention activities. Local coalitions provide bicycle helmets, child car seats and personal flotation devices for families, including child car seats for children with special needs. More information available at: [safekids.org](http://safekids.org).

- ◆ **Teen Driving Roundtable:** Washington's Teen Driving Task Force was trained in Atlanta in 2006, and continues to meet and plan a statewide symposium in September 2007 on teen driving with a focus on how to improve teen driver safety to reduce crashes, disabilities, and deaths. Issues include traffic safety and driver education, graduated driver licensing improvements, law enforcement role, and parental involvement. In Washington, public and commercial driving schools teach teens with disabilities to drive and make accommodations as needed.
- ◆ **Washington State Partnership for Youth:** The mission of the Washington State Partnership for Youth (WSPY) is to ensure that all youth are nurtured and empowered to reach their full individual potential. The Partnership is developing the Washington Healthy Youth Plan which has 4 goal areas: Healthy Relationships: Family, Peers, and Community; Education & Skills; Social, Emotional, Physical & Mental Health; Safe & Supportive Communities. The Plan is due to be released in mid-2007.

## RESOURCES:

- ◆ **National Youth Leadership Network:** The National Youth Leadership Network (NYLN) is dedicated to advancing the next generation of disability leaders. It promotes leadership development, education, employment, independent living, and health and wellness among young leaders; fosters the inclusion of young leaders with disabilities into all aspects of society at national, state and local levels; communicates about issues important to youth with disabilities and the policies and practices. Information at: [www.nyln.org](http://www.nyln.org)
- ◆ **Kids As Self-Advocates (KASA):** KASA is a national, grassroots network of youth with special needs and our friends, speaking on behalf of ourselves. We are leaders in our communities, and we help spread helpful, positive information among our peers to increase knowledge around various issues. Information at: [www.fvkasa.org](http://www.fvkasa.org)
- ◆ **Healthy and Ready to Work:** Success in the classroom, within the community, and on the job requires that young people with special health care needs stay healthy. To stay healthy, young people need an understanding of their health and to participate in their health care decisions. The program provides information and connections to health and transition expertise nationwide – from those in the know, doing the work and living it! Information at: [www.hrtw.org](http://www.hrtw.org)

*Links to external resources are provided as a public service and do not imply endorsement by the Washington State Department of Health. All links were correct at time of publication.*

### ***Other Websites:***

**Healthy Youth Survey:** <https://fortress.wa.gov/doh/hys/>

**Youth Suicide Prevention Program:** <http://www.yspp.org/>

**Adolescent Health Transition Project:** <http://depts.washington.edu/healthtr/>

**Genetics:** <http://www.doh.wa.gov/cfh/mch/Genetics/default.htm>

**Parent to Parent:** [http://www.arcwa.org/parent\\_to\\_parent.htm](http://www.arcwa.org/parent_to_parent.htm)

**Youth Disability Screener:** <http://depts.washington.edu/yqol/instruments/YDS.htm>

**National Council on Disability: The Youth Advisory Committee:**  
[www.ncd.gov/newsroom/advisory/youth/youth.htm](http://www.ncd.gov/newsroom/advisory/youth/youth.htm)

**National Youth Advocacy Association:** [www.nyacyouth.org/](http://www.nyacyouth.org/)

**Center for Children with Special Health Care Needs:** [www.cshcn.org/resources/living.cfm](http://www.cshcn.org/resources/living.cfm)

**Washington State Coalition Against Domestic Violence:**  
[www.wscadv.org/projects/disability\\_protocols.htm](http://www.wscadv.org/projects/disability_protocols.htm)

**SafePlace:** [www.austin-safeplace.org/site/](http://www.austin-safeplace.org/site/)

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## **References**

<sup>i</sup> Borowsky IW, Resnick MD. Environmental stressors and emotional status of adolescents who have been in special education classes. Arch Pediatr Adolesc Med 1998;152(4):377-82.

<sup>ii</sup> Telfair J, Alleman-Velez PL, Dickens P, Loosier PS. Quality health care for adolescents with special health-care needs: issues and clinical implications. J Pediatr Nurs 2005;20(1):15-24.

<sup>iii</sup> Gaebler-Spira D. et al. Injury prevention for children with disabilities. Phys Med Rehabil Clin N Am. 2002 Nov;13(4):891-906

<sup>iv</sup> Edwards, T.C., Patrick, D.L., & Topolski, T.D. (2003). Quality of life of adolescents with perceived disabilities. Journal of Pediatric Psychology, 28(4), 233-241.

<sup>v</sup> Patrick, D.L., Edwards, T.C., & Topolski, T.D.(2002) Adolescent Quality of Life, Part II: Initial Validation of a New Instrument. Journal of Adolescence. 25(3), 287-300.

<sup>vi</sup> Blum R et.al. Health Risk Behaviors and Protective Factors among Adolescents with Mobility Impairments and Learning and Emotional Disabilities. Journal of Adolescent Health 2001: 28:481-490.